B 25C (Official Form 25C) (12/08)

# UNITED STATES BANKRUPTCY COURT

ln r	e Pilgrim Medical Center , Case	No. 16-15414		
	Debtor			
	Small	l Business Case under Cl	iapter II	
	SMALL BUSINESS MONTHLY OPERATING	G REPORT		
Moi	nth: December, 2016 Date file	d: 06/19/2017		
Line	e of Business: Medical Services NAISC C	Code:		
AC	ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES COUNTY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MODOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, RRECT AND COMPLETE.		3 Y 3 Y 4 W 7 Y 6 Y 7 Y 8	\$ 1250s SW00 VO
RES	SPONSIBLE PARTY:	r ignin <b>at</b> ion		
	alle of			
Orig	ginal Signature of Responsible Party			
Nict	nolas V. Campanella, MD			
Prin	ted Name of Responsible Party			
Qu	estionnaire: (All questions to be answered on behalf of the debior.)		Yes	No
1.	IS THE BUSINESS STILL OPERATING?		Ø	ŋ
2.	HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?		Ø	O
3.	DID YOU PAY YOUR EMPLOYEES ON TIME?		Ø	O
4,	HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THIS MONTH?	THE DIP ACCOUNT	O	Ø
5.	HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOU MONTH	JR TAXES THIS	Ø	O
6.	HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILD	NGS?	Ø	J
7.	HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	An 200 P	Ø	O
8.	DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONT	TH?	Ø	o
9,	ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S.	. TRUSTEE?	Ø	O
10.	HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESS MONTH?	SIONALS THIS	Ø	g
11.	DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPMONTH?	ENSES THIS	ō	Ø
12.	HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TR ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	ANSFERRED ANY	a	Ø
13.	DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP AC	COUNT?	Ø	O

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14.	HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH?		Ø
15.	DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?		Ø
16.	HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?	□	Ø
17.	HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH?		Ø
18.	HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?		  7
	TAXES		
	YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX .IGATIONS?		<b>7</b>
BE I	TES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR 3 PAYMENT.		
	(Exhibit A)		
	INCOME		
SHO	ASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST OULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (THE U.S. TRUSTEE WAIVE THIS REQUIREMENT.)		
	TOTAL INCOME	\$	157,276.45
	SUMMARY OF CASH ON HAND		
	Cash on Hand at Start of Month	\$	2,183.76
	Cash on Hand at End of Month	\$	29,027.41
PLI	EASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL	\$	29,027.41
	(Exhibit B)		
	EXPENSES		
AC	CASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK COUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE RPOSE AND THE AMOUNT. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)		
	TOTAL EXPENSES	\$	157,194.07
	(Exhibit C)		
	CASH PROFIT		
INC	COME FOR THE MONTH (TOTAL FROM EXHIBIT B)	\$	157,276.45
EXI	PENSES FOR THE MONTH (TOTAL FROM EXHIBIT C)	\$	157,194.07
	(Subtract Line C from Line B) CASH PROFIT FOR THE MONTH	\$	82.38

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### UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL PAYABLES \$

(Exhibit D)

## MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL RECEIVABLES \$

(Exhibit E)

### BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES		
NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?		21
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	-	20
PROFESSIONAL FEES		
BANKRUPTCY RELATED:		
PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$	6,000.00
TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$	65,375.00
NON-BANKRUPTCY RELATED:		
PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$	14,529.71
TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$	33,410.11

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# **PROJECTIONS**

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

DATS OF TOOK	CASE FROVIDED AT THE	MITAL DEBTOK INTER	ATE M.	
	Projected	Actual	Difference	
INCOME	\$	\$	\$	
EXPENSES	\$	\$	\$	
CASH PROFIT	\$	\$	\$	
,				
TOTAL PROJEC	TED INCOME FOR THE N	EXT MONTH:		\$ 195,000.00
TOTAL PROJEC	TED'EXPENSES FOR THE	NEXT MONTH:		\$ 195,000.00
TOTAL PROJEC	TED CASH PROFIT FOR T	HE NEXT MONTH:		\$ 0.00

# ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

1:22 PM 06/19/17 Cash Basis

# PILGRIM MEDICAL CENTER INC Transactions by Account

As of December 31, 2016

							·	
Туре	Date	Num	Adj	Name	Split	Debit	Credit	Balance
TD Bank-9126 Debtor	in Possessi							890.20
Deposit	12/06/2016				Self Pay	895.00		1,785.20
Deposit	12/06/2016				Self Pay	252.47		2,037.67
Deposit	12/08/2016				Self Pay	780.00		2,817.67
Deposit	12/12/2016				Self Pay	2,410.00		5,227.67
Deposit	12/14/2016				Self Pay	1,873.00		7,100.67
Deposit	12/15/2016				Self Pay	623.00		7,723.67
Check	12/16/2016	1040			Ask Dr. Camp		910.75	6,812.92
Check	12/16/2016	1041			Ask Dr. Camp		40,31	6,772.61
Deposit	12/19/2016				Self Pay	813.00		7,585.61
Deposit	12/19/2016				Self Pay	158.00		7,743.61
Check	12/19/2016	1039			Medical Recor		1,421.93	6,321,68
Check	12/19/2016	1042			Medical Recor		62.78	6,258.90
Check	12/19/2016	1043			Medical Recor		725.00	5,533.90
Check	12/19/2016	1044			Medical Recor		279.05	5,254.85
Check	12/20/2016	1038			Medical Recor		595.97	4,658.88
Deposit	12/21/2016				Self Pay	1,141,00		5,799,88
Deposit	12/22/2016				Self Pay	174.00		5,973.88
Check	12/22/2016	1046		PETTY CASH	Petty Cash		1,500.00	4,473.88
Check	12/22/2016	1047			Medical Recor		2,000.00	2,473.88
Check	12/23/2016	1037			Medical Recor		1,007,61	1,466,27
		,,,,,,			(1)00104) (1000111)	0.440.47		
Total TD Bank-9126 D	ebiorin Possessi					9,119.47	8,543.40	1,466.27
Valley National Bank	40100000				A. DA I			1,293.56
Deposit	12/02/2016	4454			Credit Card	2,589.60		3,883.16
Check	12/03/2016	1198		Town of Montclair	Security Expen		300.00	3,583.16
Deposit	12/05/2016				Insurance Pay	1,000.00		4,583.16
Check	12/05/2016			United Healtcare A	Medicare Pre		65.80	4,517.36
Check	12/05/2016			United Healtcare	Medicare Pre		357.16	4,160.20
Deposit	12/05/2016				Patient Income	1,508.00		5,668.20
Check	12/05/2016			MONTCLAIR SUR	Transfer to MSS		1,079.60	4,588.60
Deposit	12/06/2016				Patient Income	523,16		5,111.76
Check .	12/06/2016			BANKCARD MTOT	Credit Card Ex		478.40	4,633.36
Deposit	12/07/2016				Patient Income	478,40		5,111.76
Deposit	12/08/2016				Insurance Pay	150.46		5,262.22
Deposit	12/08/2016				Patient Income	1,196.00		6,458.22
Check	12/08/2016			MONTCLAIR SUR	Transfer to MSS		404.00	6,054.22
Deposit	12/08/2016				Patient Income	172,98		6,227.20
Deposit	12/09/2016				Insurance Pay	21,705,00		27,932.20
Check	12/09/2016			ADP Payroll Fees	Payroll Fees		15.00	27,917.20
Check	12/12/2016			MONTCLAIR SUR	Transfer to MSS		1,044.80	26,872,40
Deposit	12/12/2016				Transfer to MSS	10,000.00		36,872.40
Deposit	12/12/2016				Transfer to MPG	10,000,00		46,872.40
Deposit	12/12/2016				Patient Income	322,40		47,194.80
Deposit	12/12/2016				Insurance Pay	4,232.80		51,427.60
Check	12/13/2016			Payroll Taxes	Payroll Taxes	·	315.18	51,112,42
Check	12/13/2016			Payrolf Taxes	-SPLIT-		14,210,30	36,902.12
Check	12/13/2016			PAYROLL	-SPLIT-		31,584.51	5,317.61
Deposit	12/13/2016				Due To Pligrim	6,000.00		11,317,61
Check	12/13/2016	1204		Campanella Law Of	Legal Fees	*******	6,000.00	5,317.61
Deposit	12/14/2016				Patient Income	889.20	-,	6,206,81
Check	12/15/2016	D.M.		STATE OF NJ CBT	State Business		375.00	5,831.81
Deposit	12/15/2016				Patient Income	436,80		6,268.61
Deposit	12/16/2016				Insurance Pay	28,464.00		34,732.61
Check	12/16/2016			Pilgrim Practice Ma	Due To Pilgrim	_2, 15 1155	3,000.00	31,732.61
Check	12/16/2016	1205		The Brownstone	Meals and Ent		1,921.17	29,811.44
Check	12/16/2016	1208		Town of Montclair	Security Expen		300.00	29,511.44
Deposit	12/19/2016				Patient Income	873.60	000,00	30,385.04
Deposit	12/19/2016				Patient Income	1,560.00		31,945.04
Deposit	12/19/2016				Patient Income	9,000.00		40,945.04
Check	12/20/2016			CMS Medicare	Medicare Pre	91000100	504.80	40,945.04
Check	12/20/2016			CMS Medicare	Medicare Pre		504.80	39,935.44
Deposit	12/21/2016			CIVIO MEDICATE	Patient Income	488.80	304.00	
Check	12/21/2016	1207		llham Abularour	Outside Servic	400,00	500.00	40,424.24
Check	12/21/2016	1207		ASTAÇIA ALTAGR	Outside Servic			39,924.24
Check	12/21/2016	1208					500.00	39,424.24
	12/21/2016			Vanessa Cheatham	Outside Servic		500.00	38,924.24
Check		1210		Desire Ferara	Office Expense		500.00	38,424.24
Check	12/21/2016	1211		Maureen R. Haly	Outside Servic		500.00	37,924.24
Check	12/21/2016	1212		DELPHINE JOHNS	Outside Servic		750.00	37,174.24
Check	12/21/2016	1213		Charlie Zoppy	Outside Servic		500.00	36,674.24
Check	12/21/2016	1214		Sandra Lopez	Outside Servic		1,000.00	35,674.24
Check	12/21/2016	1215		Jose Camilo	Outside Servic		500.00	35,174.24
Check	12/21/2016	1216		Zoe Nunez	Outside Servic	1	500.00	34,674.24
Check	12/21/2016	1217		Cristie Ocars	Outside Servic		500.00	34,174.24
Check	12/21/2016	1218		Maureen Olmo	Outside Servic		500.00	33,674.24
Check	12/21/2016	1219		Doris Purpusa	Outside Servic		500.00	33,174.24
Check	12/21/2016	1220		Dominick Quispe	Outside Servic		500.00	32,674.24
Check	12/21/2016	1221		Yohanna Rojas	Outside Servic		750.00	31,924.24
		*		· · · <b>/</b>			. 50.00	O 1,02-12

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# PILGRIM MEDICAL CENTER INC Transactions by Account

As of December 31, 2016

Туре	Date	Num	Adj	Name	Split	Debit	Credit	Balance
Check	12/21/2016	1223		Lauren Telas	Outside Servic		750.00	31,174.24
Check	12/21/2016	1224		Argades Trejo	Outside Servic		500.00	30,674,24
Check	12/21/2016	1222		Cassie Stein	Outside Servic		500.00	30,174.24
Deposit	12/22/2016				Patient Income	2,090.40		32,264,64
Deposit	12/23/2016				Insurance Pay	17,670.00		49,934.64
Check	12/23/2016			ADP Payroli Fees	Payroll Fees		15.00	49,919,64
Deposit	12/27/2016			,,,	Patlent Income	1,585.00		51,504.64
Deposit	12/27/2016				Patient Income	1,310,40		52,815,04
Deposit	12/27/2016				Insurance Pay	3,150,00		55,965,04
Check	12/27/2016			MONTCLAIR PHYS	Transfer to MPG	*1	91.60	55,873,44
Check	12/28/2016			Payroll Taxes	Payroll Taxes		317.84	55,555,60
Check	12/28/2016			PAYROLL CHECKS	-SPLIT-		31,759.45	23,796,15
Check	12/28/2016			Payroll Taxes	-SPLIT-		14,131.98	9,664.17
Deposit	12/28/2016				Patient Income	3,161.60	11/10/100	12,825.77
Deposit	12/29/2016				Insurance Pay	770.00		13,595,77
Deposit	12/29/2016				Patient Income	1.695.20		15,290,97
Deposit	12/30/2016				Insurance Pay	800.00		16,090,97
Deposit	12/30/2016				Insurance Pay	18,477.00		34,567,97
Check	12/30/2016			Pilgrim Practice Ma	Due To Pilgrim	10,111100	5,000.00	29,567,97
Check	12/31/2016	1226		Ayala Harkesson	Outside Doctors		1,856,83	27,711.14
Check	12/31/2016	1227		Bethany Van Gas	Outside Servic		150.00	27,561.14
tal Valley National I	Bank					152,300.80	126,033.22	27,561.14
L						161,420.27	134,576.62	29,027.41

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Cash Basis

# PILGRIM MEDICAL CENTER INC Profit & Loss

December 2016

	Dec 16
Ordinary Income/Expense	
Income Fee for Service Income	157,600.27
Refunds	-323.82
Total Income	157,276.45
Gross Profit	157,276.45
Expense	,
Accounting Advertising and Promotion Ambulatory Assessment Tax Ask Dr. Campanella Automobile Expense	0.00 0.00 0.00 951.06 131.43
Bank Service Charges	0.00
Continuing Education Credit Card Expenses Dues and Subscriptions Equip Lease Insurance Expense	141.05 478.40 344.09 0.00 5,491.53
Interest Expense Licenses and Permits Management Fees	11.99 0.00 950.00
Meals and Entertainment Medical Records and Supplies Office Expense Office Supplies Outside Doctors Outside Services Payroll Fees Payroll Taxes	1,992.73 12,721.15 500.00 2,195.86 1,856.83 9,900.00 30.00 6,426.42
Petty Cash	1,500.00
Professional Fees	20,529.71
Repairs and Maintenance	251.92
Salaries and Wages	86,979.60
Security Expenses State Business Taxes Supplies	1,584.35 375.00 45.40
Telephone Expense Utilities	716.68 742.19
Waste Removal	346.68
Total Expense	157,194.07
Net Ordinary Income	82.38
Net Income	82.38

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T STATEMENT OF ACCOUNT

PILGRIM MEDICAL CENTER INC DIP CASE 16-15414 DIST NJ 393 BLOOMFIELD AVE MONTCLAIR NJ 07042-3505 Page: 1 of 3 Statement Period: Dec 01 2016-Dec 31 2016

Cust Ref#:

Primary Account #:

Chapter 11 Checking

PILGRIM MEDICAL CENTER INC DIP CASE 16-15414 DIST NJ Account # 4

 ACCOUNT SUMMARY

 Beginning Balance
 168.20
 Average Collected Balance
 3,140.35

 Deposits
 9,841.47
 Annual Percentage Yield Earned Days in Period
 0.00%

 Checks Paid
 8,543.40
 31

Checks Paid 8,543.40 Ending Balance 1,466.27

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees (NSF)	\$0.00	\$35.00

DAILY ACCOU	NT ACTIVITY				
Deposits		1000			4 4 6 7 1 1 1 1 7 6
POSTING DATE	DESCRIPTION				AMOUNT
12/1	DEPOSIT				722.00
12/6	DEPOSIT	•			895.00
12/6	DEPOSIT				252.47
12/8	DEPOSIT			•	780.00
12/12	DEPOSIT	• • • • • • • • • • • • • • • • • • • •			2,410.00
12/14	DEPOSIT				1,873.00
12/15	DEPOSIT				623.00
12/19	DEPOSIT				813.00
12/19	DEPOSIT	•			158.00
12/21	DEPOSIT			•	1,141.00
12/22	DEPOSIT				174.00
				Subtotal:	9,841.47
Checks Paid	No. Checks: 10	*Indicates break in serial sequence or	check processed electronically a	and listed under Electronic Pa	yments
DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
12/23	1037	1,007.61	12/19	1042	62.78
12/20	1038	595,97	12/20	1043	725.00
12/19	1039	1,421.93	12/19	1044	279.05
12/16	1040	910.75	12/22	1046*	1,500.00
12/16	1041	40.31	12/22	1047	2,000.00
				Subtotal:	8,543.40
DAILY BALAN	CE SUMMARY		,		
DATE		BALANCE	DATE		BALANCE
11/30		168.20	12/8		2,817.67
12/1		890.20	12/12		5,227.67
12/6		2,037.67	12/14		7,100.67

# How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

- 1. Your ending balance shown on this statement is:
- 2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
- 3. Subtotal by adding lines 1 and 2,
- 4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- 5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

0	
Ending	1,466.27
Balance	
Ø	
Total	+
Deposits	-
Ð	
9	
Sub Total	
0	
Total Withdrawals	-
Θ	
Adjusted	

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DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		0

WITHDRAWALS NOT	DOLLARS	CENTS
	AV	<b>7</b>
,		
	***	

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
		· · · · · · · · · · · · · · · · · · ·
Men mass - Ville & Viril		
KAANA KA		
Total Withdrawals		
Withdrawals		9

#### FOR CONSUMER ACCOUNTS ONLY -- IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

#### TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When confacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
   The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

#### INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

#### FOR CONSUMER LOAN ACCOUNTS ONLY -- BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

Balance

- Your name and account number.
- The dollar amount of the suspected error.

  Describe the error and explain, if you can, why you believe there is an error.

  If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.



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STATEMENT OF ACCOUNT

PILGRIM MEDICAL CENTER INC DIP CASE 16-15414 DIST NJ Page:

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Statement Period: Dec 01 2016-Dec 31 2016

Cust Ref#:

Primary Account #:

DAILY BALANCE SUMMARY					
DATE	BALANCE	DATE	BALANCE		
12/15	7,723.67	12/21	5,799.88		
12/16	6,772.61	12/22	2,473.88		
12/19	5,979.85	12/23	1,466.27		
12/20	4,658.88				

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Desc Main STATEMENT OF ACCOUNT



PILGRIM MEDICAL CENTER INC 393 BLOOMFIELD AVE MONTCLAIR NJ 07042-3741

Page:

1

Chks Paid: Statement Date:

23 12/30/16

Account Number:

Indicate to the right any changes of address. Cut at the dotted line and return this form to: Valley National Bank, Customer Service Department, 1445 Valley Road, Wayne, NJ 07470

Street: City, State, Zip: Signature:

	****** BusinessCHECKING 300	******
Non-Check Tr		
	Description	Amount
12/01	BANKCARD BTOT DEP	1,913.60 🗸
	ID: 543469430101030	4
	TRANSFER TO CK XXXXXXXX9705	753.60-
12/01	TRANSFER TO CK XXXXXXX9713	2,000.00- 🗸
12/02	SNJ-MED.ASST.PAY MD AST.PAY	15,432.00 ✓
	ID: 0175641AG950B96	
12/02	BANKCARD MTOT DISC	309.72- ✓ *
	ID: 543469430101030	م.
12/02	TRANSFER TO CK XXXXXXX9640	16,000.00-
12/05	HORIZON TOU ACH PT	1,000.00
	ID: ACH010010143201	
12/05	UnitedHCMedicare MedInsPymt	65,80-
	ID: 0166626911	•
12/05	UnitedHealthcare PREMIUM	357.16-
	ID: 3184949601	•
12/05	BANKCARD BTOT DEP	1,508.00
	ID: 543469430101030	
12/05	BANKCARD MTOT DEP	2,589.60
	ID: 543469430101030	
12/05	TRANSFER TO CK XXXXXXX9705	1,079.60-
12/06	HORIZON TOU ACH PT	523.16
	ID: ACH010010160996	
12/06	BANKCARD BTOT DEP	478.40-
,	ID: 543469430101030	
12/07	BANKCARD BTOT DEP	478.40
	ID: 543469430101030	
12/08	HORIZON TOU ACH PT	150.46
	ID: ACH010010165560	
12/08	BANKCARD MTOT DEP	1,196.00
	ID: 543469430101030	•
	TRANSFER TO CK XXXXXXX9705	404.00-
12/08	Deposit	172.98
12/09	SNJ-MED.ASST.PAY MD AST.PAY	21,705.00
	TD: 0175641AG955181	•

Report lost or stolen Valley Visa® Debit Card to: 888-379-9903







PILGRIM MEDICAL CENTER INC	. 0	Page:	2
393 BLOOMFIELD AVE MONTCLAIR NJ 07042-3741		Statement Date: Account Number:	12/30/16
Indicate to the right any changes of address.	Street:		
Cut at the dotted line and return this form to: Valley National Bank, Customer Service Department,	City, State, Zip:	,	and the second s
1445 Valley Road, Wayne, NJ 07470	Signature:		

	****** BusinessCHECKING 300	**********
Non-Check Tr		•
	Description	Amount
12/09	ADP PAYROLL FEES ADP - FEES	15.00-
	ID: 2RGH8 7224711	
	TRANSFER TO CK XXXXXXXX9705	1,044.80-
	TRNSFER FRM CK XXXXXXXX9705	10,000.00
	TRNSFER FRM CK XXXXXXX9713	10,000.00
. 12/12	BANKCARD BTOT DEP	322.40
	ID: 543469430101030	
12/12	BANKCARD BTOT DEP	4,232.80
	ID: 543469430101030	·
12/13	ADP EEPAY/GARNWC EEPAY/GARN	315.18-
	ID: 710046185367GH8	•
12/13	ADP Tax/401k Tax/401k	14,210.30-
,	ID: RZGH8 121417A01	
12/13	ADP EEPAY/GARNWC EEPAY/GARN	31,584.51-
,	ID: 710046185366GH8	, , <b>,</b>
12/13		6,000.00
12/14		889.20
= ==,	ID: 543469430101030	- · · · — ··
12/15	BANKCARD MTOT DEP	436.80
	ID: 543469430101030	,
12/15		375.00-
,	ID: 091000019959527	5.0.00
12/16	SNJ-MED.ASST.PAY MD AST.PAY	28,464.00
	ID: 0175641AG959849	ma / 10 11 00
12/16	• ''' '	3,000.00-
12/19		873.60
22, 20	ID: 543469430101030	5,5.00
12/19		1,560.00
12/13	ID: 543469430101030	1,000.00
12/19		9,000.00
12/20		504.80-
12/20	ID: 0000	504.80**
10/00		E04 00
12/20		504.80-
	ID: 0000	

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Desc Main



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393 BLOOMFIELD AVE	. 0	rage:	3
MONTCLAIR NJ 07042-3741		Statement Date: Account Number:	12/30/16
any changes of address.	Street:		
ne and return this form to:	Ctr. Ct-t- Zt.		

Indicate to the right Cut at the dotted lin Valley National Bank, Customer Service Department, 1445 Valley Road, Wayne, NJ 07470

	******* BusinessCHECKING 300	***********
	Transactions	
	eDescription	Amount
12/2	1 BANKCARD BTOT DEP	488.80
	ID: 543469430101030	
12/2	2 BANKCARD BTOT DEP	2,090.40
	ID: 543469430101030	•
12/2		17,670.00
	ID: 0175641AG964473	,
12/2	3 ADP PAYROLL FEES ADP - FEES	15.00
	ID: 2RGH8 8620728	
12/2	7 Deposit	1,585.00
12/2	7 BANKCARD BTOT DEP	1,310.40
	ID: 543469430101030	, -,
12/2	7 HORIZON TOU ACH PT	3,150.00
	ID: ACH010010261116	,
12/2	7 TRANSFER TO CK XXXXXXXX9713	91.60
1.2/2	8 ADP EEPAY/GARNWC EEPAY/GARN	317.84
	ID: 746041320376GH8	
12/2	8 ADP EEPAY/GARNWC EEPAY/GARN	31,759.45
	ID: 746041320375GH8	, , , , , , , , , , , , , , , , , , , ,
12/2	8 ADP Tax/401k Tax/401k	14,131.98
	ID: RZGH8 122818A01	<b>,</b> · · · ·
12/2	8 BANKCARD MTOT DEP	3,161,60
	ID: 543469430101030	.,
12/2	9 HORIZON TDU ACH PT	770.00
	ID: ACH010010275622	
12/2	9 BANKCARD BTOT DEP	1,695.20
	ID: 543469430101030	,
12/3		800.00
	TRN*1*816362380000122*1066033492	
12/3		18,477.00
,	ID: 0175641AG969022	
	0 TRANSFER TO CK XXXXXXXX6241	5,000.00

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Filed 07/10/17 Entered 07/10/17 17:14:26 ocument

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STATEMENT OF ACCOUNT

Desc Main



PILGRIM MEDICAL CENTER INC 393 BLOOMFIELD AVE

Signature:

Page:

MONTCLAIR NJ 07042-3741

Statement Date:

12/30/16

Account Number:

Indicate to the right any changes of address. Cut at the dotted line and return this form to: Valley National Bank, Customer Service Department, 1445 Valley Road, Wayne, NJ 07470

Street: City, State, Zip:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* BusinessCHECKING 300

Checks in Order

Date Nu	mber	Amount	Date N	umber	Amount
12/07	1197	300.00	12/21	$121\overline{2}$	750.00
12/14	1198	300.00	12/21	1213	500.00
*			12/23	1214	1,000.00
12/13	1201	250.00	12/21	1215	500.00
*			12/21	1216	500.00
12/14	1204	6,000.00	12/21	1217	500.00
12/20	1205	1,921.17	12/23	1218	500.00
12/28	1206	300.00	12/21	1219	500.00
12/20	1207	500.00	12/27	1220	500.00
12/21	1208	500.00	12/21	1221	750.00
12/23	1209	500.00	*		
12/22	1210	500.00	12/21	1223	750.00
12/30	1211	500.00	12/23	1224	500.00

(\*) Check Number Missing or Check Converted to Electronic Transaction and Listed Under Non-Check Transactions

Daily Balance Summary

Date	Balance	Date	Balance ·	Date	Balance
11/30	3,561.28	12/12	51,977.60	12/22	36,564.64
12/01	2,721.28	12/13	11,617.61	12/23	51,719,64
12/02	1,843.56	12/14	6,206.81	12/27	57,173.44
12/05	5,438.60	12/15	6,268.61	12/28	13,825.77
12/06	5,483.36	12/16	31,732.61	12/29	16,290.97
12/07	5,661.76	12/19	43,166.21	12/30	30,067,97
12/08	6,777.20	12/20	39,735,44		
12/09	28,467,20	12/21	34 974 24		

Account Summary

Previous Statement Date: 11/30/16

Beginning			In	terest	. '	Service		Ending
Balance	+	Deposits	+	Paid -	Withdrawals -	Charge	=	Balance
3,561.28		169,646.40		.00	143,139.71	.00		30,067.97

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1445 Valley Road, Wayne, NJ 07470

Filed 07/10/17 Entered 07/10/17 17:14:26 cument

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Desc Main STATEMENT OF ACCOUNT





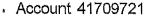
PILGRIM MEDICAL CENTER INC 393 BLOOMFIELD AVE	0	Page:	5
MONTCLAIR NJ 07042-3741		Statement Date: Account Number:	12/30/16
Indicate to the right any changes of address.	Street:		
Cut at the dotted line and return this form to:  Valley National Bank Customer Service Department	City, State, Zip:		

Statement from 12/01/16 Thru 12/30/16 YTD Interest Paid

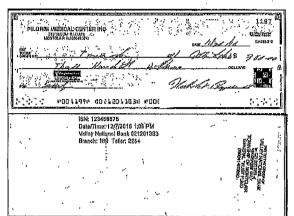
> Wishing you peace, joy and happiness this Holiday Season And in the New Year!

> The Valley Visa Gift Card, one size fits all! Visit a branch or call 24/7 at 800-522-4100 for details.

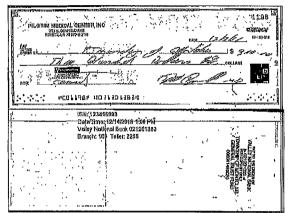
Report lost or stolen Valley Visa® Debit Card to: 888-379-9903



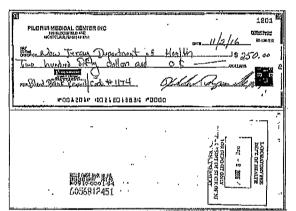




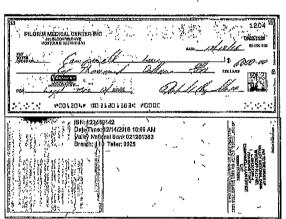
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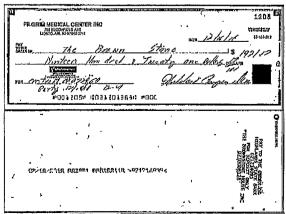
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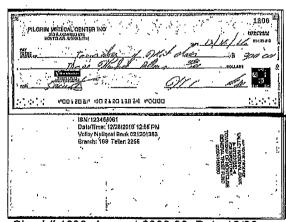
Check#:1201, Amount:\$250.00, Date:12/13



Check#:1204, Amount:\$6,000.00, Date:12/14

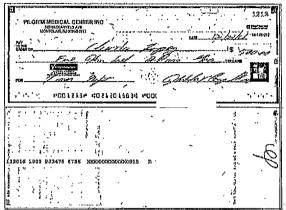


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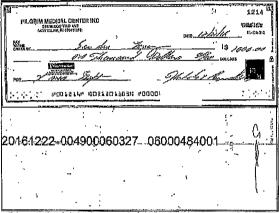


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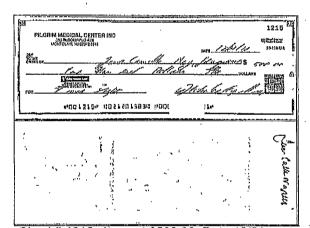




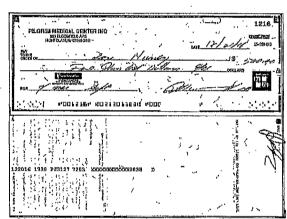
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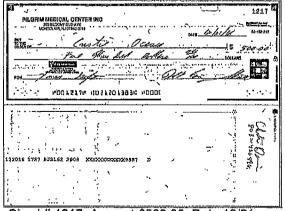
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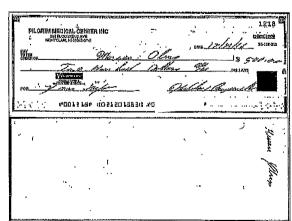
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Check#:1216, Amount:\$500.00, Date:12/21



Check#:1217, Amount:\$500.00, Date:12/21



Check#:1218, Amount:\$500.00, Date:12/23